



TFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Buchman, *et al.*

Serial. No.: 10/773,714

Filed: February 5, 2004

For: INSECT P53 TUMOR SUPPRESSOR
GENES AND PROTEINS

Confirmation No.: 8319

Group Art Unit: 1632

Attorney Docket No.: EX00-015C2

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

In the accompanying Information Disclosure Statement By Applicant, references 1-36 were previously cited in U.S. patent application no. 09/524,101, now issued US Pat No. 6,762,291, which is relied upon for an earlier filing date under 35 U.S.C. 120. Thus, copies of these references are not provided herewith pursuant to 37 CFR 1.98(d).

Respectfully submitted,

Dated: January 13, 2005

Laleh Shayesteh Reg. No. 47,937
Tel: (650) 837-8223; Fax: (650) 837-8234

01/21/2005 SSESHE1 00000005 501108 10773714
01 FC:1806 180.00 DA

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/773,714	
	Filing Date	February 5, 2004	
	First Named Inventor	Buchman	
	Art Unit	1632	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	7	Attorney Docket Number	EX00-015C2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Exelixis, Inc.		
Signature			
Printed Name	Laleh Shayesteh		
Date	January 13, 2005	Reg. No.	47,937

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Angela E. Law	Date	January 13, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005		Complete if Known	
		Application Number	10/773,714
		Filing Date	February 5, 2004
		First Named Inventor	Buchman
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Not yet assigned
		Art Unit	1632
		Attorney Docket No.	EX00-015C2
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 50-1108 Deposit Account Name: Exelixis, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____

_____ - 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge) : Invention Disclosure Statement (1806, CFR 1.17 (p)) _____

180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,937
Name (Print/Type)	Laleh Shayesteh	Telephone	650.837.8223
		Date	January 13, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 3

Complete if Known

Application Number	09/524,101
Filing Date	March 12, 2000
First Named Inventor	Buchman
Group Art Unit	1646
Examiner Name	
Attorney Docket Number	EX00-015C

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
	1	www.ncbi.nlm.nih.gov, GenBank ID No. 16555, 26-Jul-1993	
	2	www.ncbi.nlm.nih.gov, GenBank ID No. 1244762, 29-Apr-1996	
	3	www.ncbi.nlm.nih.gov, GenBank ID No. 1244764, 29-Apr-1996	
	4	www.ncbi.nlm.nih.gov, GenBank ID No. 1310770, 28-Jul-1995	
	5	www.ncbi.nlm.nih.gov, GenBank ID No. 1310771, 28-Jul-1995	
	6	www.ncbi.nlm.nih.gov, GenBank ID No. 1310772, 29-Jul-1995	
	7	www.ncbi.nlm.nih.gov, GenBank ID No. 1310960, 11-Jul-1995	
	8	www.ncbi.nlm.nih.gov, GenBank ID No. 2370177, 01-Sep-1997	
	9	www.ncbi.nlm.nih.gov, GenBank ID No. 2781308, 30-Sep-1996	
	10	www.ncbi.nlm.nih.gov, GenBank ID No. 2828704, 10-Aug-1998	
	11	www.ncbi.nlm.nih.gov, GenBank ID No. 2828706, 10-Aug-1998	
	12	www.ncbi.nlm.nih.gov, GenBank ID No. 3273745, 01-Jul-1998	

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

*EXAMINER Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Unique citation designation number 2 Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

2

of

3

Complete if Known

Application Number	09/524,101
Filing Date	March 12, 2000
First Named Inventor	Buchman
Group Art Unit	1646
Examiner Name	
Attorney Docket Number	EX00-015C

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.†	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
	13	www.ncbi.nlm.nih.gov, GenBank ID No. 3695080, 04-Oct-1998	
	14	www.ncbi.nlm.nih.gov, GenBank ID No. 3695096, 04-Oct-1998	
	15	www.ncbi.nlm.nih.gov, GenBank ID No. 3695098, 04-Oct-1998	
	16	www.ncbi.nlm.nih.gov, GenBank ID No. 3738114, 13-Oct-1999	
	17	www.ncbi.nlm.nih.gov, GenBank ID No. 4006838, 12-Dec-1998	
	18	www.ncbi.nlm.nih.gov, GenBank ID No. 4105775, 05-Jan-1999	
	19	www.ncbi.nlm.nih.gov, GenBank ID No. 4150930, 21-Dec-1999	
	20	www.ncbi.nlm.nih.gov, GenBank ID No. 4419333, 16-Mar-1999	
	21	www.ncbi.nlm.nih.gov, GenBank ID No. 4419483, 16-Mar-1999	
	22	www.ncbi.nlm.nih.gov, GenBank ID No. 4420516, 16-Mar-1999	
	23	www.ncbi.nlm.nih.gov, GenBank ID No. 4493931, 11-Feb-2000	
	24	www.ncbi.nlm.nih.gov, GenBank ID No. 4530684, 29-Mar-1999	

Examiner
Signature


Date

Considered

*EXAMINER Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

† Unique citation designation number 2 Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside box 

PTO/SB/088 (10-96)
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Complete if Known

Sheet	3	of	3	Application Number	09/524,101
				Filing Date	March 12, 2000
				First Named Inventor	Buchman
				Group Art Unit	1646
				Examiner Name	
				Attorney Docket Number	EX00-015C

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
	25	www.ncbi.nlm.nih.gov, GenBank ID No. 5430686, 8-Jul-1999	
	26	www.ncbi.nlm.nih.gov, GenBank ID No. 5430689, 8-Jul-1999	
	27	www.ncbi.nlm.nih.gov, GenBank ID No. 4530690, 29-Mar-1999	
	28	www.ncbi.nlm.nih.gov, GenBank ID No. 4689085, 18-Jul-2000	
	29	www.ncbi.nlm.nih.gov, GenBank ID No. 4689086, 18-Jul-2000	
	30	www.ncbi.nlm.nih.gov, GenBank ID No. 4803651, 10-May-1999	
	31	www.ncbi.nlm.nih.gov, GenBank ID No. 5670498, 02-Aug-1999	
	32	www.ncbi.nlm.nih.gov, GenBank ID No. 5877734, 13-Sep-1999	
	33	www.ncbi.nlm.nih.gov, GenBank ID No. 6070492, 19-Oct-1999	
	34	www.ncbi.nlm.nih.gov, GenBank ID No. 6072079, 19-Oct-1999	
	35	www.ncbi.nlm.nih.gov, GenBank ID No. 6468070, 25-Nov-1999	
	36	www.ncbi.nlm.nih.gov, GenBank ID No. 6664917, 03-Jan-2000	

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

*EXAMINER Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Unique citation designation number 2 Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.